



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)
Summary Sheet

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☒ Yes ☐ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4 164

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

BOB SMITH FOR CTR/COUNCIL

2. Acronym or abbreviated name, if any

BOB SMITH

3. Committee telephone number

(317) 582-0603

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

14560 ALLISON DRIVE WEST

5. City, state, ZIP code

CARMEL, IN 46033

6. Party affiliation (if applicable)

Rep.

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

ROBERT P. SMITH, JR.

8. Party affiliation or if independent

Rep.

9. Office sought (include district number, if any. Not required for exploratory committee.)

CARMEL CTR/COUNCIL DISTRICT 3

10. County of residence

HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

- ☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

- ☐ Pre-Convention
☐ Post-Convention

12. Reporting period:

From: 4-12-2003 Through: 12-31-2003

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

1200-

1200-

15b. Unitemized

200-

200-

15c. Add lines 15a, and 15b in both columns

1400-

1400-

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

SUBTOTAL
TOTAL

1400-

1400-

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

1104.02

1104.02

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

1104.02

1104.02

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL

295.98

295.98

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

0

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

CLERK HAMILTON COUNTY COURTS

2004 JAN 13 AM 10:44

FILED



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 2 of 4

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. STEWART & IRWIN PC. PAC 251 E. OHIO ST. STE 1100 INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	Bob Smith 4-30-03
2. NATIONAL CITY PAC ONE NATIONAL CITY CTR SUITE 200E INDIANAPOLIS, IN 46255	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	700.00	700.00	Bob Smith 6-2-03
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1200.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1200.00		



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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 4 of 4

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> Bob Smith 14560 Allison Dr. W. Carmel, IN 46033		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Stipend	3000	3000	4-24-03
Code <u>0</u> Bob Smith 14560 Allison Dr. W. Carmel, IN 46033		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Stipend / Campaign	120.61	120.61	5-6-03
Code <u>0</u> Bob Smith 14560 Allison Dr. W. Carmel, IN 46033		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Stipend - elec. work camp. 1162	34.12	34.12	5-9-03
Code _____ B. B.		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			

SUB TOTAL THIS PAGE OF SCHEDULE B

\$ 157.73

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY
(Enter total on ITEM 17a of the Summary Sheet)

\$



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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 3 of 4

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> <u>LARRY MOHR</u> <u>13136 Brooks Lane</u> <u>CARMEL, IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>YARD SIGNS</u>	318-	318-	4-17-03
Code <u>A</u> <u>KURTIS CLO</u> <u>ROBERT SMITH</u> <u>CARMEL</u> <u>14560 Allison Dr W</u> <u>IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>SUPPORT MAP</u>	35.93	35.93	4-23-03
Code <u>D</u> <u>BOB SMITH</u> <u>14560 Allison Dr W</u> <u>CARMEL, IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>MAP</u> <u>CARMEL ALR.</u>	23.99	23.99	4-30-03
Code <u>A</u> <u>HILARY COURT, INC</u> <u>11765 S. 175 W.</u> <u>MILWAUKEE, IN 46156</u> <u>BOB SMITH</u> <u>14560</u> <u>CARMEL</u> <u>Allison Dr W</u> <u>IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>BALM CARGIS</u>	291.50	291.50	4-23-03
Code <u>D</u> <u>BOB SMITH</u> <u>14560 Allison Dr W</u> <u>CARMEL, IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>BILKUP</u> <u>CARMEL ALR.</u>	26.87	26.87	4-30-03
Code <u>D</u> <u>JOANNE SMITH</u> <u>14560 Allison Dr W</u> <u>CARMEL, IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>BILLING STATE 1</u> <u>SINCE BILK-UP</u>	150 ⁰⁰	150-	6-16-03
Code <u>D</u> <u>ERICA BOLDALE</u> <u>CARMEL, IN 46033</u>		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>BOLLEL STATE 1</u> <u>SINCE BILK-UP</u>	100 ⁰⁰	100-	6-16-03

SUB TOTAL THIS PAGE OF SCHEDULE B

\$946.29

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY
(Enter total on ITEM 17a of the Summary Sheet)

\$1104.02